



### United States Patent and Trademark Office

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# NOTICE OF ALLOWANCE AND FEE(S) DUE

23735

7590

01/17/2006

DIGIMARC CORPORATION 9405 SW GEMINI DRIVE BEAVERTON, OR 97008 EXAMINER
TABATABAI, ABOLFAZL

ART UNIT PAPER NUMBER

2623

DATE MAILED: 01/17/2006

| APPLICATION NO. | O. FILING DATE FIRST NAMED INVENTOR |                   | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------------------------------|-------------------|---------------------|------------------|
| 10/684.213      | 10/10/2003                          | Brett T. Hannigan | P0870               | 8680             |

TITLE OF INVENTION: PERCEPTUAL MODELING OF MEDIA SIGNALS BASED ON LOCAL CONTRAST AND DIRECTIONAL EDGES

| 1 | APPLN. TYPE    | APPLN. TYPE SMALL ENTITY |        | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---|----------------|--------------------------|--------|-----------------|------------------|------------|
|   | nonprovisional | NO                       | \$1400 | \$300           | \$1700           | 04/17/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| indicated unless corrected l<br>maintenance fee notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | in Block 1, by (a)                                                                                                                                                                                                                                                                                      | specifying a                                                                                                                                 | a new co                | orrespondence address                             | ; and/or (b) indicating a sepa                                   | rate "FEE ADDRESS" for                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|--|
| CURRENT CORRESPONDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | any change of address)                                                                         | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must                                                                                                                                             |                                                                                                                                              |                         |                                                   |                                                                  |                                                         |  |
| 23735 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 90 01/17/2006                                                                                  |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         | have its own certificat                           | e of mailing or transmission.                                    | <b></b>                                                 |  |
| DIGIMARC COI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RPORATION                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         | Cer                                               | rtificate of Mailing or Trans                                    | mission                                                 |  |
| 9405 SW GEMINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                                                                                                                                                                                                                                         | I hereby certify that this Fee(s) Transmittal is being deposited with the United                                                             |                         |                                                   |                                                                  |                                                         |  |
| BEAVERTON, OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an enveloaddressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                              |                         |                                                   | above, or being facsimile late indicated below.                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                         | (Depositor's name                                                                                                                            |                         |                                                   |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         |                                                   |                                                                  | (Signature)                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         |                                                   |                                                                  | (Date)                                                  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                    | F                                                                                                                                                                                                                                                                                                       | IRST NAME                                                                                                                                    | ) INVEN                 | TOR                                               | ATTORNEY DOCKET NO.                                              | CONFIRMATION NO.                                        |  |
| 10/684,213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10/10/2003                                                                                     |                                                                                                                                                                                                                                                                                                         | Brett T. I                                                                                                                                   | lannigar                | 1                                                 | P0870                                                            | 8680                                                    |  |
| TITLE OF INVENTION: PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ERCEPTUAL MODELING                                                                             | OF MEDIA SIGNA                                                                                                                                                                                                                                                                                          | ALS BASED                                                                                                                                    | ON LO                   | CAL CONTRAST AN                                   | D DIRECTIONAL EDGES                                              |                                                         |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                   | ISSUE FE                                                                                                                                                                                                                                                                                                | Ε                                                                                                                                            | PL                      | IBLICATION FEE                                    | TOTAL FEE(S) DUE                                                 | DATE DUE                                                |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                             | \$1400                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                         | \$300                                             | \$1700                                                           | 04/17/2006                                              |  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IINER                                                                                          | ART UNI                                                                                                                                                                                                                                                                                                 | Т                                                                                                                                            | CI                      | ASS-SUBCLASS                                      |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , ABOLFAZL                                                                                     | 2623                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                         | 382-100000                                        |                                                                  |                                                         |  |
| 1. Change of correspondence CFR 1.363).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e address or indication of "Fe                                                                 | ee Address" (37                                                                                                                                                                                                                                                                                         | •                                                                                                                                            | •                       | he patent front page, li                          | •                                                                |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lence address (or Change of                                                                    | Correspondence                                                                                                                                                                                                                                                                                          | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                                            |                         |                                                   |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lence address (or Change of 22) attached.                                                      |                                                                                                                                                                                                                                                                                                         | (2) the name of a single firm (having as a member a 2                                                                                        |                         |                                                   |                                                                  |                                                         |  |
| "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion (or "Fee Address" Indica<br>or more recent) attached. Use                                 | ation form<br>e of a Customer                                                                                                                                                                                                                                                                           | régistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                         |                                                   |                                                                  |                                                         |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RESIDENCE DATA TO B                                                                            | E PRINTED ON T                                                                                                                                                                                                                                                                                          | HE PATENT                                                                                                                                    | (print o                | or type)                                          |                                                                  |                                                         |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | an assignee is identified be 37 CFR 3.11. Completion                                           | clow, no assignee of this form is NOT                                                                                                                                                                                                                                                                   | tata will app<br>`a substitute                                                                                                               | car on ti<br>for filing | he patent. If an assign<br>g an assignment.       | nee is identified below, the d                                   | ocument has been filed for                              |  |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EE                                                                                             | (B)                                                                                                                                                                                                                                                                                                     | RESIDENC                                                                                                                                     | E: (CIT                 | Y and STATE OR CO                                 | UNTRY)                                                           |                                                         |  |
| Please check the appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | assignee category or catego                                                                    | ries (will not be pri                                                                                                                                                                                                                                                                                   | nted on the p                                                                                                                                | atent):                 | ☐ Individual ☐ C                                  | orporation or other private gro                                  | oup entity Government                                   |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enclosed:                                                                                      | 4b.                                                                                                                                                                                                                                                                                                     | Payment of                                                                                                                                   | Fcc(s):                 |                                                   |                                                                  |                                                         |  |
| ☐ Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                         | ☐ A check in the amount of the fee(s) is enclosed.                                                                                           |                         |                                                   |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mall entity discount permitte                                                                  |                                                                                                                                                                                                                                                                                                         | Payment by credit card. Form PTO-2038 is attached.                                                                                           |                         |                                                   |                                                                  |                                                         |  |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                                                                                             |                                                                                                                                              |                         |                                                   |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (from status indicated above                                                                   | •                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                         |                                                   |                                                                  |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MALL ENTITY status. See                                                                        |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         | -                                                 | LL ENTITY status. See 37 C                                       |                                                         |  |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is requested to apply the Issu<br>ublication Fee (if required) vords of the United States Pate | uc Fee and Publicati<br>will not be accepted<br>ent and Trademark                                                                                                                                                                                                                                       | ion Fee (if an<br>from anyone<br>Office.                                                                                                     | y) or to<br>e other th  | re-apply any previous<br>nan the applicant; a reg | ly paid issue fee to the applicatistic attorney or agent; or the | ation identified above.  the assignee or other party in |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              | Date                    |                                                   |                                                                  |                                                         |  |
| Typed or printed name _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Registration No.                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                         |                                                   |                                                                  |                                                         |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. |                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                         |                                                   |                                                                  |                                                         |  |



## United States Patent and Trademark Office

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| APPLICATION NO.                             |      | ILING DATE | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|---------------------------------------------|------|------------|-------------------------|-------------------------|------------------|--|
| 10/684,213                                  | •    | 10/10/2003 | Brett T. Hannigan       | P0870                   | 8680             |  |
| 23735                                       | 7590 | 01/17/2006 |                         | EXAM                    | INER             |  |
| DIGIMARC (                                  |      |            | TABATABAI, ABOLFAZL     |                         |                  |  |
| 9405 SW GEMINI DRIVE<br>BEAVERTON, OR 97008 |      |            | •                       | ART UNIT                | PAPER NUMBER     |  |
| ĺ                                           |      |            |                         | 2623                    |                  |  |
|                                             |      |            | DATE MAILED: 01/17/2006 | DATE MAILED: 01/17/2006 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 244 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 244 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.